#### Rodolfo Herrera-Mena

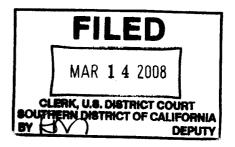
PLAINTIFF/PETITIONER/MOVANT'S NAME

A# 92-878-235

PRISON NUMBER

BICE - El Centro Detention Center 1115 N. Imperial Ave. El Centro, CA 92243

ADDRESS



# United States District Court Southern District Of California

Rodolfo Herrera-Mena , Plaintiff/Petitioner/Movant

Michael Chertoff, et al.,

Defendant/Respondent

Civil No. OBCUOHBI J(LSP)

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

MOTION AND DECLARATION UNDER PENALTY OF PERJURY IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS

i, Rodolfo Herrera-Mena

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes No

s No (If"

(If "No" go to question 2)

If "Yes," state the place of your incarceration.

El Centro Processing Center

Are you employed at the institution?

IYes) INo

Do you receive any payment from the institution?

(Yes) INO

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

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CIV-67 (Rev. 9/97)

7.	Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?
	Yes No
	If "Yes" describe the property and state its value

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

My mother, she send me little amount of money monthly, \$60-100, enough to by me my needs and phone cards.

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

## N / A

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

### N / A

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you <u>must</u> explain the sources of funds for your day-to-day expenses.

I work at the facility 2 days / week for \$1.00 / day to help me to support my needs from hygiene to phone cards

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE March 10, 2008

SIGNATURE OF APPLICANT

If you are a prisoner you <u>must</u> have an officer from your institution provide this official certificate as to the amount of money in your prison account. <u>There are no exceptions to this requirement.</u>		
	and the second of the second o	
	PRISON CERTIFICATE	
	(Incarcerated applicants only)	
Γ)	co be completed by the institution of incarceration)	
I certify that the applicant_Ro		
	(NAME OF INMATE)	
	A# 92-878-235	
	(INMATE'S CDC NUMBER)	
has the sum of \$	on account to his/her credit at	
	(Name of Institution)	
I further certify that the appli	cant has the following securities	
to his/her credit according to	the records of the aforementioned institution. I further certify that during	
the past six months the appl	icant's average monthly balance was \$ 340 55 plus	
and the average monthly dep	osits to the applicant's account was \$	
STATEMENT	MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD DING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).	
<u> </u>	2110 THE TIENO OF THE COMPLAINT FER 28 U.S.C. 9 1913(8)(2).	
03-09- DATE	SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION	
	Sergio M. Goursler Officer's Full Name (PRINTED)	
	SIEN	
	Officer's Title/rank	

# TRUST ACCOUNT WITHDRAWAL AUTHORIZATION (Incarcerated applicants only)

(This form MUST be completed by the <u>prisoner</u> requesting to proceed <u>in forma pauperis</u>. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed <u>in forma pauperis</u>.)

I CNAME OF PISONEY CDC No.)

(Name of Pisoney CDC No.)

custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either  $\square$  \$150 (civil complaint) or  $\square$  \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

DATE 03-10-08

SIGNATURE OF PRISONER